


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90027 036 ***150.00

DOCUMENT # F02000001233

1. Entity Name
MALLARD GP INC.



Principal Place of Business: **1700 ABBEY PLACE SUITE 111 CHARLOTTE, NC 28209**

Mailing Address: **1700 ABBEY PLACE SUITE 111 CHARLOTTE, NC 28209**

DO NOT WRITE IN THIS SPACE

24012565



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number **06-1677956** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CPST
NAME	DOYLE, JOHN
STREET ADDRESS	1700 ABBEY PLACE
CITY-ST-ZIP	CHARLOTTE, NC 28209
TITLE	VICE PRESIDENT
NAME	JAMES E. HUFFSTICKLER
STREET ADDRESS	1700 Abbey Place Suite 111
CITY-ST-ZIP	Charlotte, NC 28209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James E. Huffstickler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James E. Huffstickler

2-11-04 **704-522-0456**
 Date Daytime Phone #